

## ATTACHMENT

### Restorative services with frequency limitations that may be exceeded with a narrative

Code	Description of Service	Code	Description of Service
D2110	Amalgam ☞ one surface, primary	D2381	Resin-based composite ☞ two surfaces, posterior-primary
02110		02381	
D2120	Amalgam ☞ two surfaces, primary	D2382	Resin-based composite ☞ three or more surfaces, posterior-primary
02120		02382	
D2130	Amalgam ☞ three surfaces, primary	D2385	Resin-based composite ☞ one surface, posterior-permanent
02130		02385	
D2140	Amalgam ☞ one surface, permanent	D2386	Resin-based composite ☞ two surfaces, posterior-permanent
02140		02386	
D2150	Amalgam ☞ two surfaces, permanent	D2387	Resin-based composite ☞ three surfaces, posterior-permanent
02150		02387	
D2160	Amalgam ☞ three surfaces, permanent	D2930	Prefabricated stainless steel crown ☞ primary tooth
02160		02930	
D2330	Resin-based composite ☞ one surface, anterior	D2931	Prefabricated stainless steel crown ☞ permanent tooth
02330		02931	
D2331	Resin-based composite ☞ two surfaces, anterior	<b>D2932*</b>	Prefabricated resin crown
02331		<b>02932*</b>	
D2332	Resin-based composite ☞ three surfaces, anterior	<b>D2933*</b>	Prefabricated stainless steel crown with resin window
02332		<b>02933*</b>	
D2335	Resin-based composite ☞ four or more surfaces or involving incisal angle (anterior)	D2951	Pin retention ☞ per tooth, in addition to restoration
02335		02951	
D2380	Resin-based composite ☞ one surface, posterior-primary		
02380			

**\*Providers can exceed the frequency limitation with a narrative only if these services are provided to children 20 years of age and younger. Wisconsin Medicaid requires prior authorization to exceed the limitation for adults over 20 years of age.**